DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 031 (0010159)

Address: 895 B FRASER ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 07/23/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey H	intower
SHEVEV F	IISIAFV

Survey ID: 0095574 End Date: 09/16/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093446 End Date: 10/11/2004 Type: OTHER Purpose: OTHER

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0090673 End Date: 07/23/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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